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To: Examiner T.J. Roche
Group Art Unit 2193, USPTO

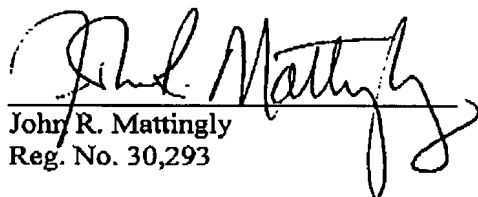
From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/004,825
Attorney Docket No.: TMI-109

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal;
Amendment;
Request for Continued Examination (RCE);
Petition for Extension of Time for one month; and
Credit Card Payment Form in amount of \$910.00 in payment of
two month extension and RCE Fees.


John R. Mattingly
Reg. No. 30,293

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Form PTO-1083

Patent

In RE application of Y. SHIBUSAWA et al

Case Docket No. TMI-109

Serial No.: 10/004,825

Group Art Unit: 2193

For: SOFTWARE INSTALLING METHOD AND SYSTEM

Examiner: T.J. Roche

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Commissioner for Patents
P.O. Box 1450
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Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra
Total	17	Minus	** 20	=
Indep.	7	Minus	*** 10	=
<input type="checkbox"/> First presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

OR

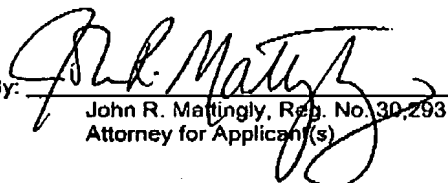
OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X 50	\$
X 200	\$
X 380	\$
Total	\$

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☒ A Credit Card Payment Form in the amount of \$ 910.00 is attached for one month extension of time and RCE Fees.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Attorney for Applicant(s)

Date: May 22, 2007